Office of Drug User Health (ODUH)

Addressing the Health and Safety of People Who Use Drugs (PWUD)

Mission

- The NYSDOH AIDS Institute Office of Drug User Health (ODUH) is committed to improving the quality of life for all New Yorkers who use drugs through the promotion of harm reduction practices, and by providing accessible health care and supportive services

- We promote non-judgmental, anti-racist, gender affirming evidence-based practices to challenge and overcome systemic barriers to non-judgmental, person-centered, compassionate care

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Recognizing Contributions of PWUD

PWUD were the originators of:

syringe exchange

naloxone distribution

first methadone program in a jail

AIDS Institute Innovation 2015

Ending the Epidemic Blueprint Recommendations

1. Innovation

1.1. Decriminalization of Drug Use and Syringes

1.2. Promote the Health and Well Being of People Who Engage in Sex Work and Transactional Sex

1.3. Addressing the Burden of Homelessness and Housing Insecurity Among PWUD

1.4. Promote the Use of Telemedicine Services

1.5. Using New Media/New Technologies to Engage and Educate PWUD

1.6. Establish a Hydromorphone Pilot Program for the Treatment of Opioid Use Disorder (OUD)

1.7. Use of Drug Testing Technology

1.8. Supervised Injection Facilities

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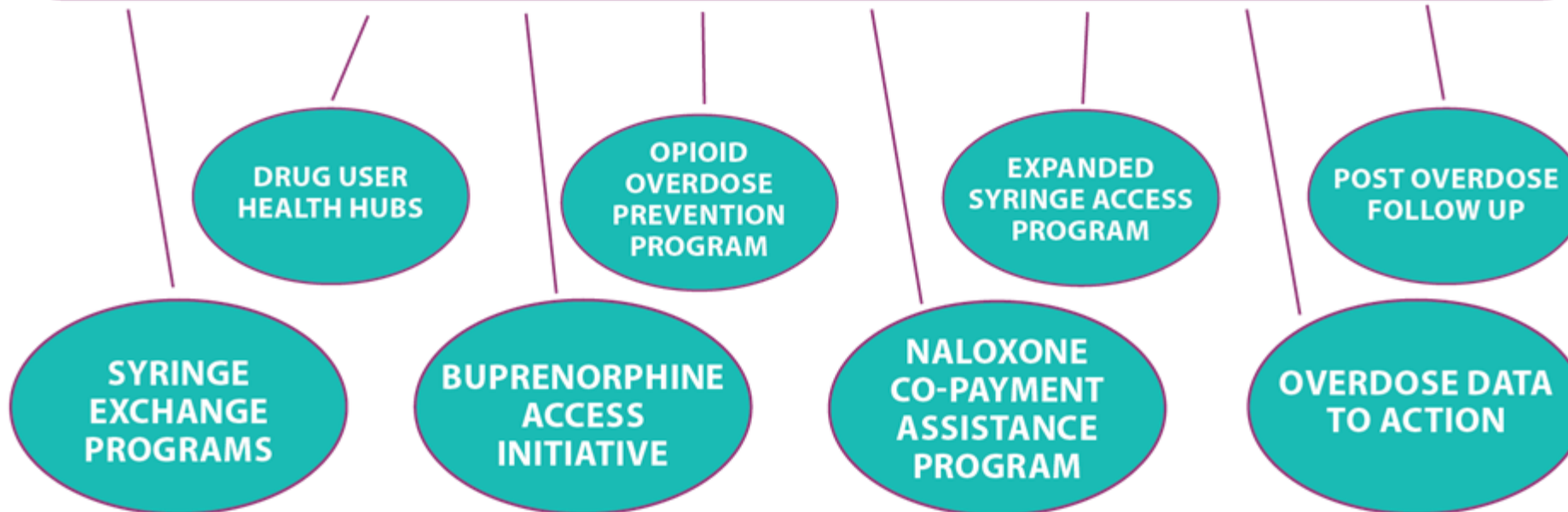
Two Complementary Approaches

Strengthen existing provider systems to engage PWUD more effectively

Create a new model of care for PWUD

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30 Years of Harm Reduction in NYS

- **1992** — Syringe Exchange Program
- **2000** — Expanded Syringe Access Program
- **2006** — Opioid Overdose Prevention Program (Naloxone Program)
- **2016** — Drug User Health Hubs; ODUH Created
- **2017** — Naloxone Co-payment Assistance Program; Harm Reduction Medicaid Billing; OD2A
- **2019** — PORT; SUDORS and data
- **2020** — COVID Relapse
- **2022** — Rapid Response; Drug Checking

Era of Fentanyl and Emerging Substances

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NYS Opioid Overdose Prevention (Naloxone) Initiative:

17 Years Training New Yorkers to Save Lives

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Opioid Overdose Prevention Initiative

Naloxone Access Points

REGISTERED PROGRAMS

Health care facilities

Health care providers (MDs, DOs, PAs, NPs)

Treatment programs

Syringe exchange programs

Other not-for-profit CBOs

Local health departments

State and local government agencies

Public safety agencies

School districts

Colleges, universities and trade schools

Shelters

Pharmacies
(Standing Orders and N-CAP)

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Opioid Overdose Prevention Initiative

Persons at risk

Family and friends

Staff of agencies serving persons at risk

Law enforcement personnel

Responders

Correctional staff

Fire fighters

Persons frequenting or working at public venues

Teachers and librarians

Others who may witness an overdose

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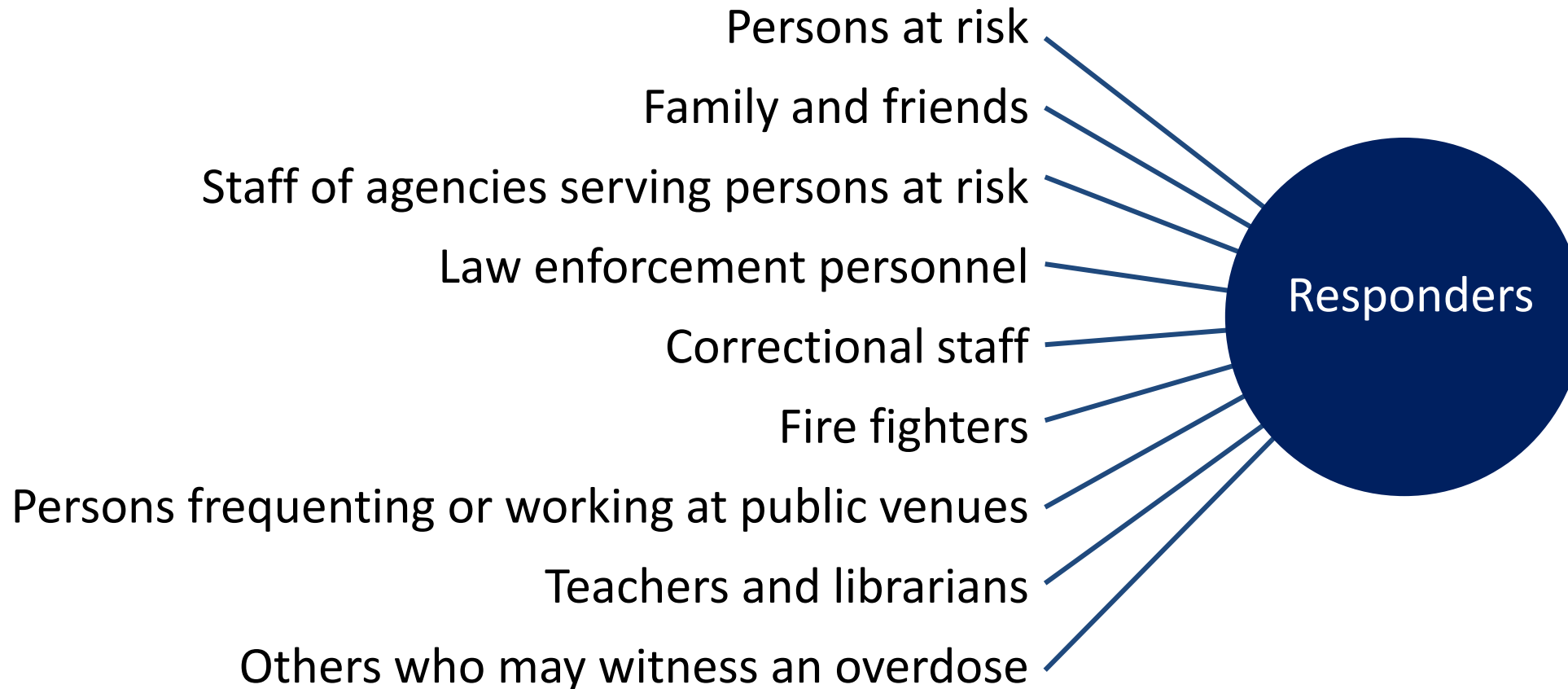
Registered Programs by Year
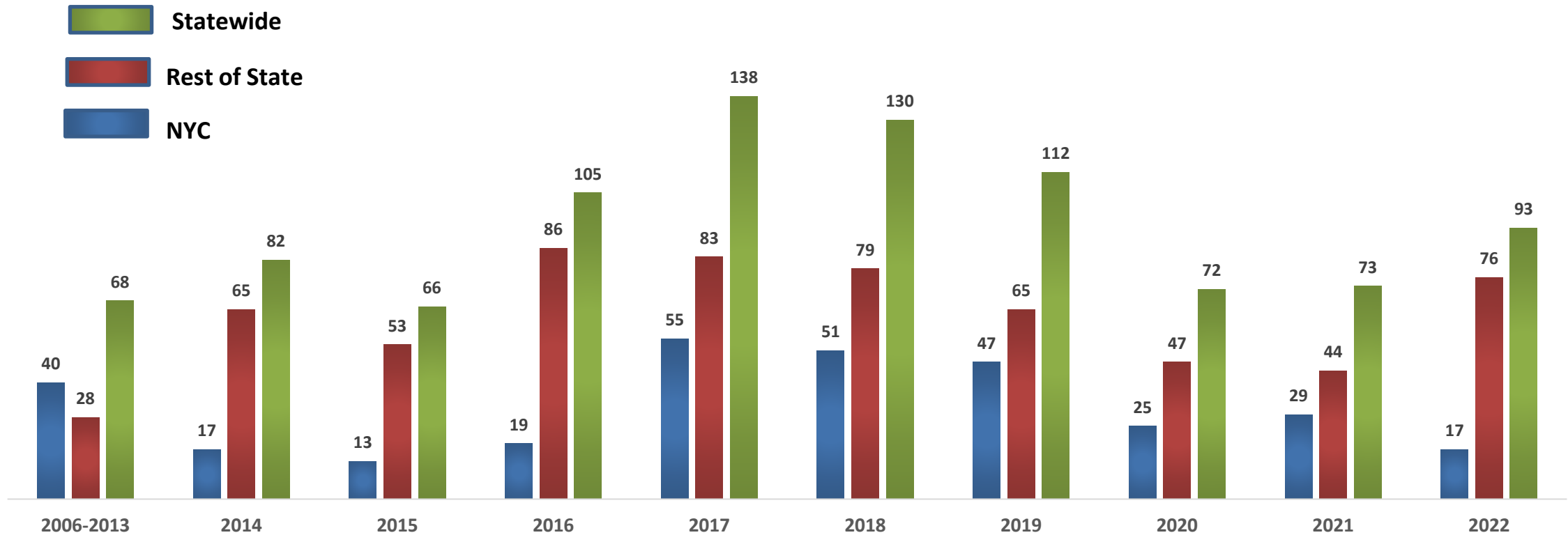
Community and Public Safety Reported Naloxone Administrations By Year and Responder Type 2006-2022 (33,994 administrations)

Legend:
- Fire: 1,406 (4.14%)
- Police: 13,665 (40.20%)
- Community: 18,923 (55.67%)

Year	Community	Police	Fire	Total
2006-2013	889			889
2014	318	130	1	449
2015	670	961	151	1,782
2016	1,277	1,583	223	3,083
2017	2,062	1,731	286	4,079
2018	2,761	1,507	192	4,460
2019	2,765	1,561	178	4,504
2020	2,066	1,765	145	3,976
2021	2,710	1,774	135	4,619
2022	2,642	1,845	86	4,573

Reports received through June 5, 2023

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Reported Community (Non-Public Safety) Naloxone Administrations by Agency Type: 2020-2022 (n = 7,667) Data as of June 23, 2023
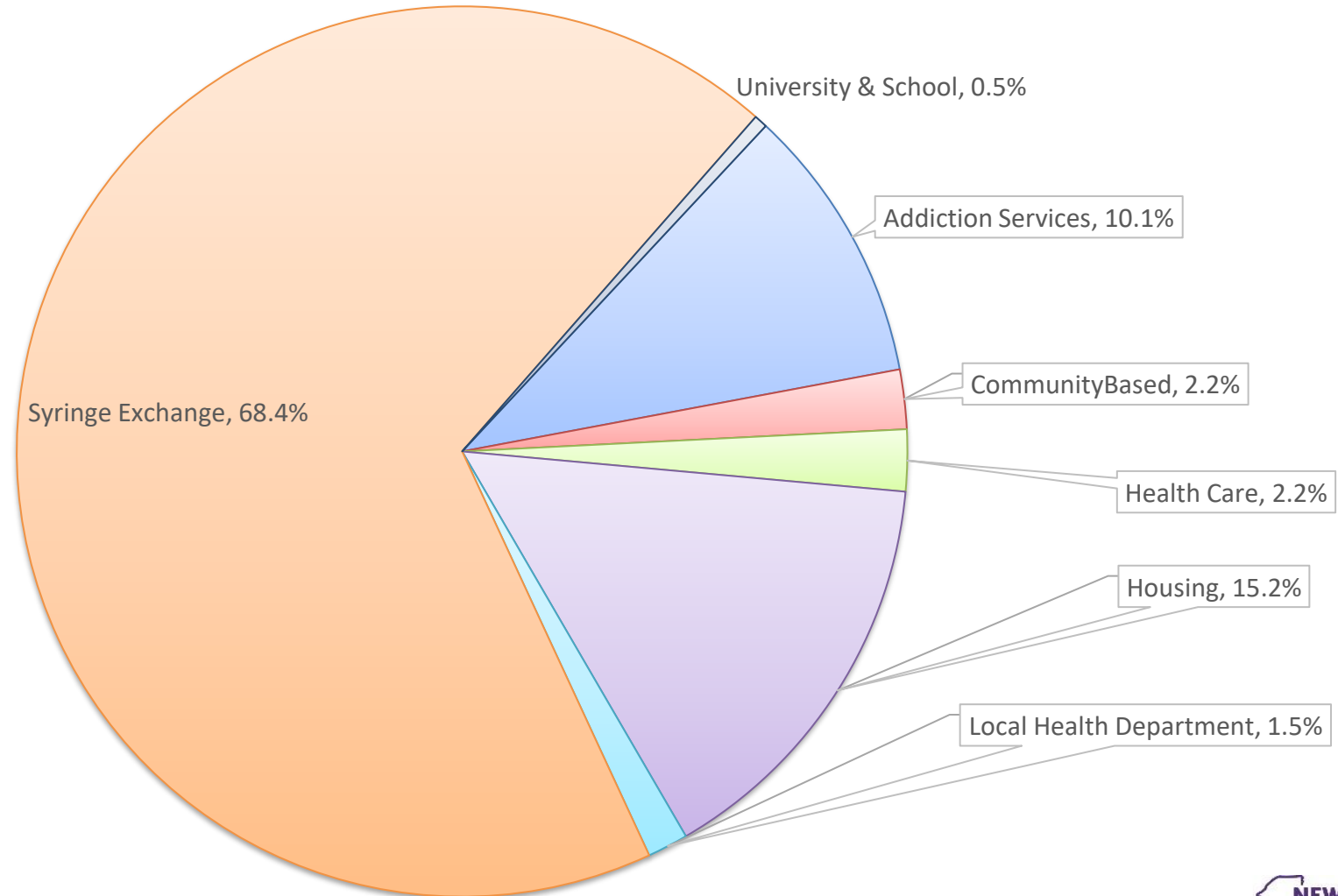
Note: Most reported administration in Housing category were from NYC Department of Homeless Services

New York State's Syringe Exchange Programs:

A Story of Growth, Innovation and Lives Saved

Syringe Exchange Program Highlights

Authorized SEPs (first and second tier)

Bar chart showing Authorized SEPs by year:
- 2012: 16
- 2013: 17
- 2014: 18
- 2015: 19
- 2016: 20
- 2017: 21
- 2018: 22
- 2019: 23
- 2020: 24
- 2021: 28
- 2022: 30
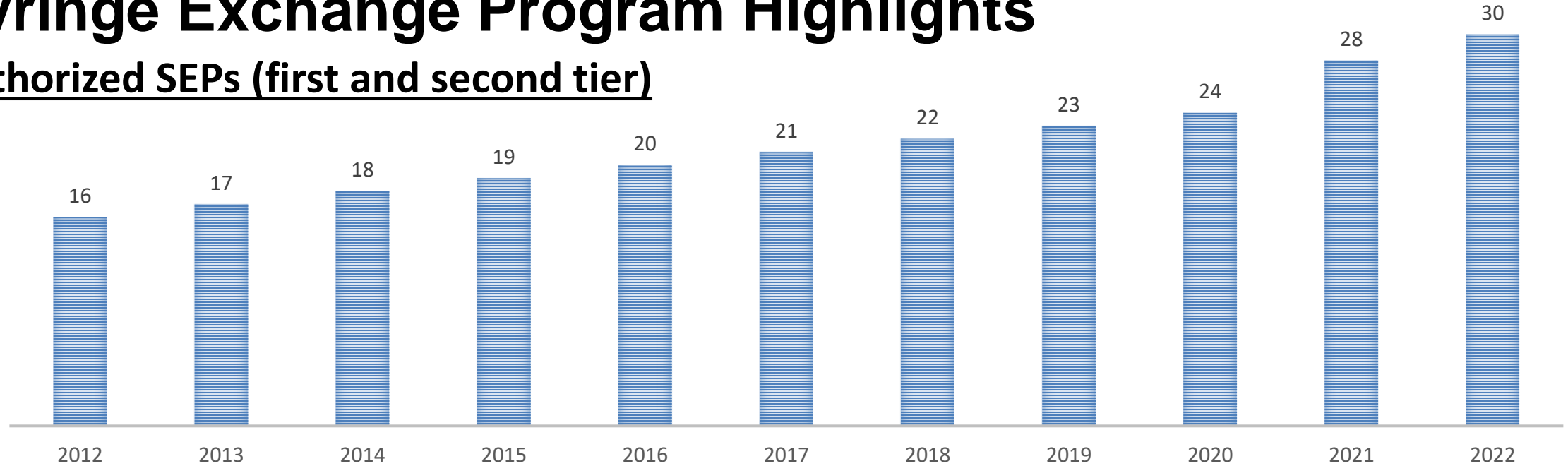
Year	Number of SEPs	Unique Participants	Syringes Furnished
2010	13	21,456	3.6 million
2022	30	36,558	16 million

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Growth in Number of SEP Participants Served Annually

UNIQUE PARTICIPANTS USING SEPS BY YEAR

Trendline: 2-year moving average

Bar chart showing unique participants using SEPs by year:
- 2013: 22266
- 2014: 23332
- 2015: 24357
- 2016: 24593
- 2017: 27089
- 2018: 28368
- 2019: 31478
- 2020: 29064
- 2021: 35458
- 2022: 36558
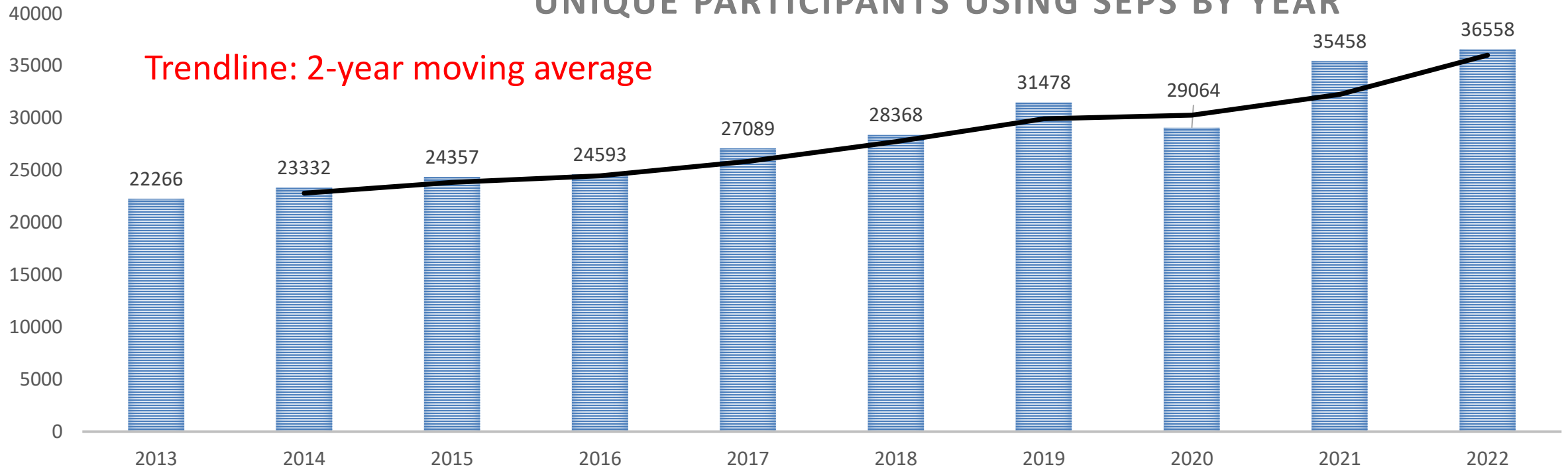
Past 11 years: **64% growth**

2015-2019: **29% growth** **(5 years pre-pandemic)**

2019-2022: **16% growth** **(pandemic year impact)**

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Growth in Number of SEP Encounters Annually

SEP ENCOUNTERS BY YEAR

Trendline: 2-year moving average

Year	Encounters
2012	113,254
2013	117,297
2014	116,855
2015	126,823
2016	138,683
2017	153,175
2018	160,048
2019	183,191
2020	158,229
2021	207,521
2022	230,508
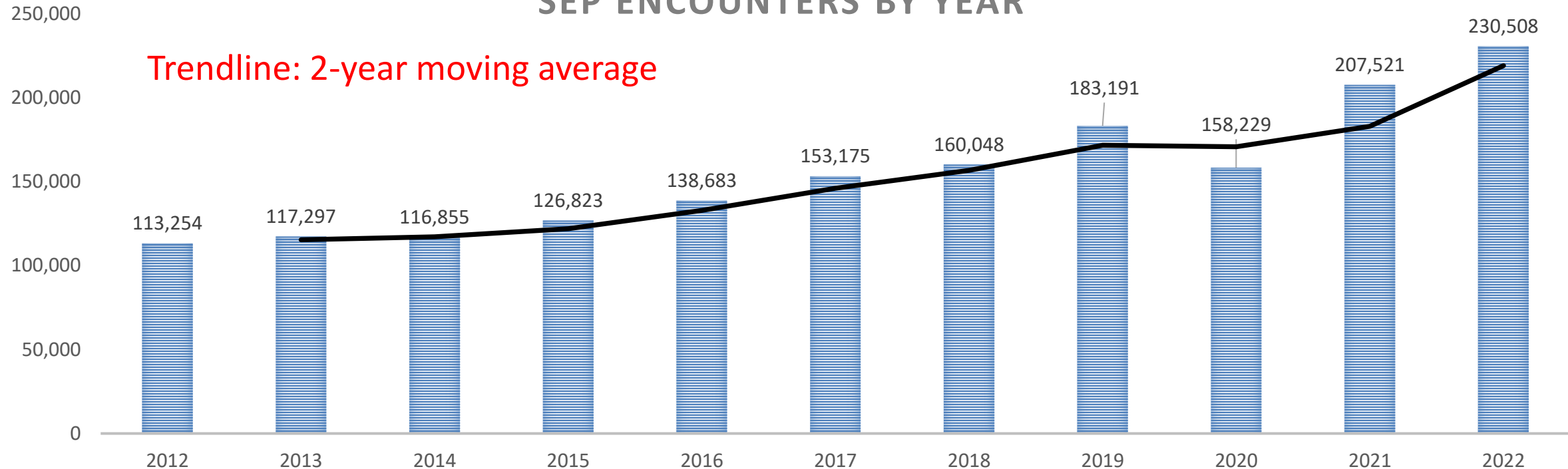
Past 11 years: **100% growth**

2015-2019: **44% growth** **(5 years pre-pandemic)**

2019-2022: **26% growth** **(pandemic year impact)**

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New York State's Drug User Health Hubs:

Advancing Buprenorphine Access

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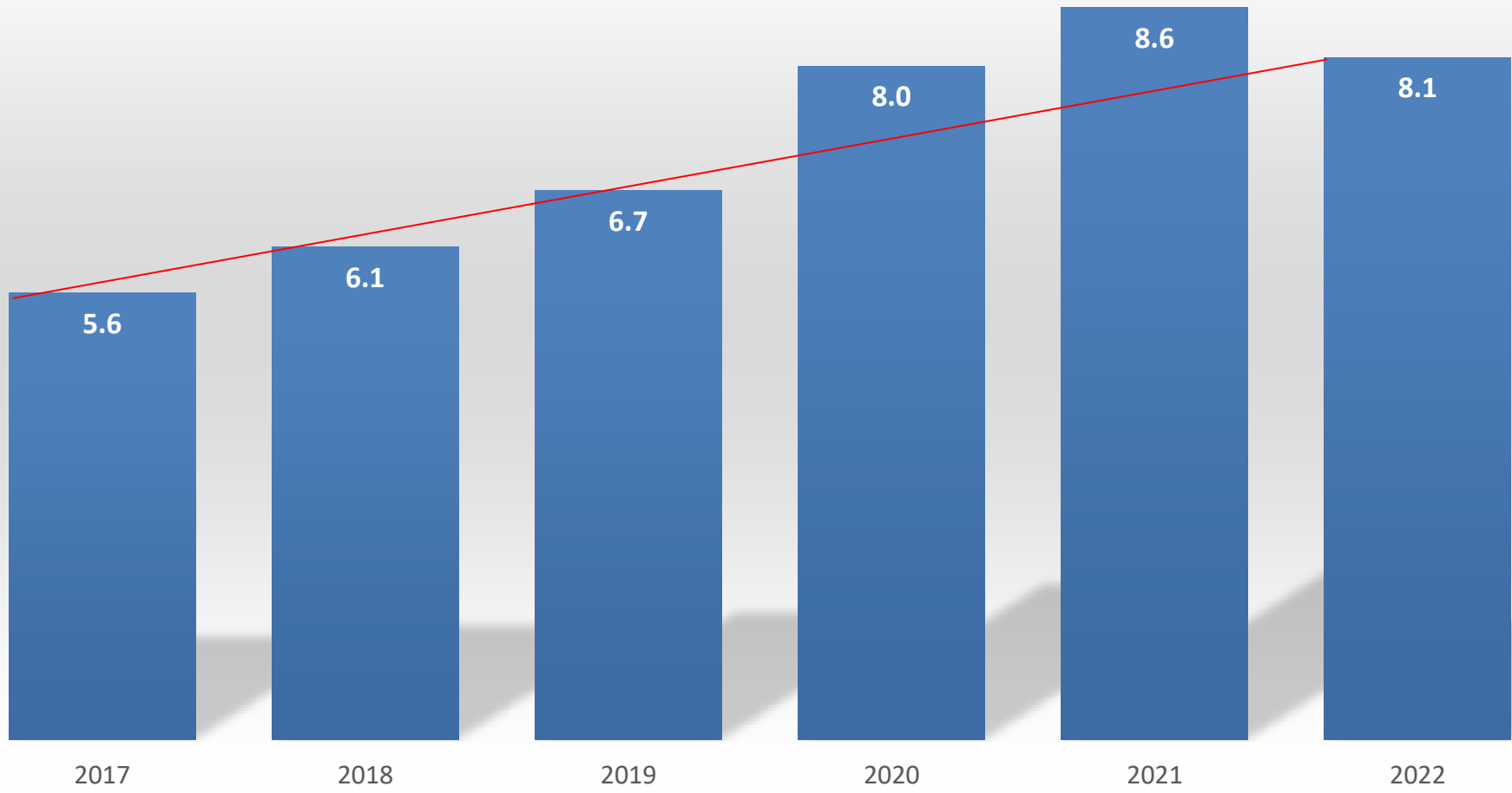
DRUG USER HEALTH HUB LOW THRESHOLD MOUD PATIENTS BY YEAR
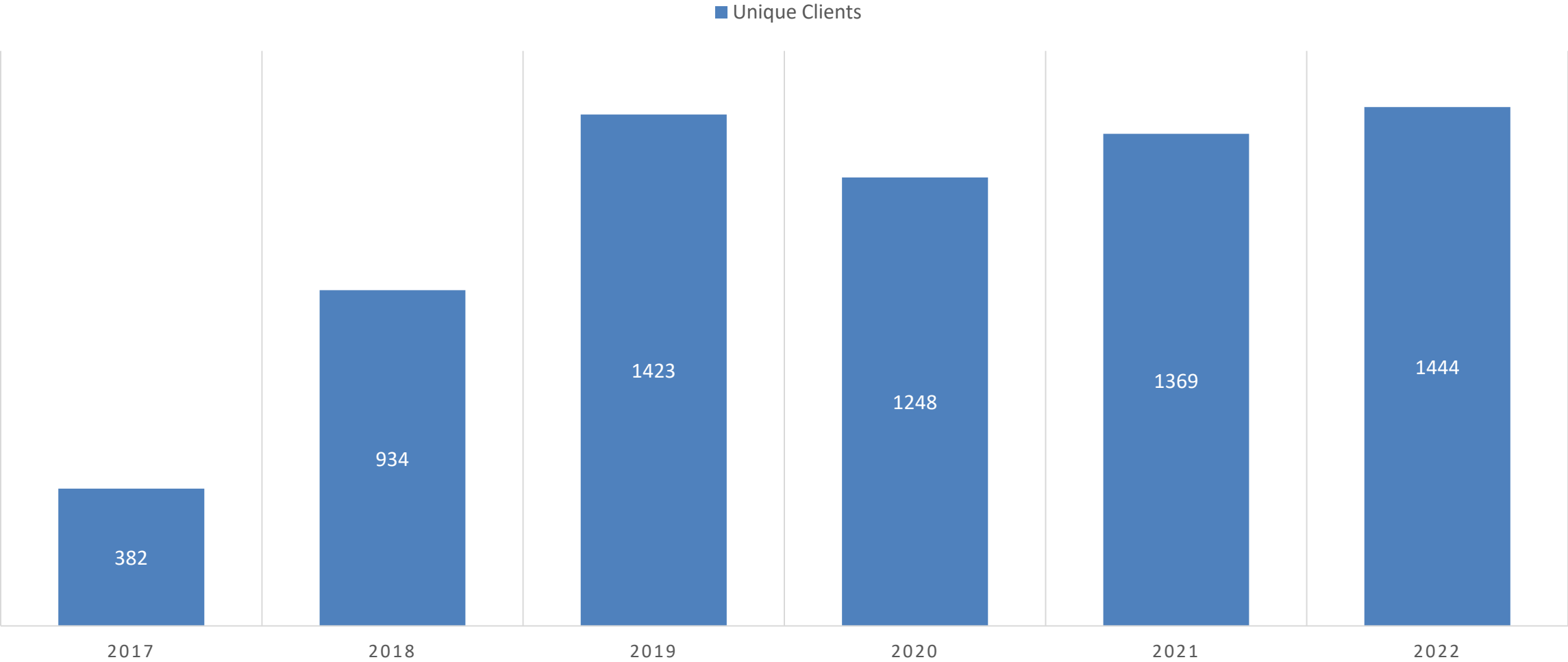
Drug User Health Hubs: Per Patient Buprenorphine Prescriptions by Year

52% increase in per capita yearly MOUD prescription

2018 – 2023 Overdose Data to Action for Local Health Departments

Implement Prevention and Response Strategies
- Establish Linkages to Care
- Provider & Health System Support
- Partner with Public Safety
- Empower Individuals

Harm Reduction Principles incorporated throughout

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Harm Reduction Media Campaign

Harm reduction empowers people who use drugs to make safer choices.

SAFER CHOICES for people who use DRUGS
health.ny.gov/SaferChoices

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Accept, educate and help those who use drugs to make safer choices.

SAFER CHOICES for people who use DRUGS
health.ny.gov/SaferChoices

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I know it's safer to use drugs with others.

SAFER CHOICES for people who use DRUGS
health.ny.gov/SaferChoices

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Someone I love uses drugs, so I carry naloxone.

SAFER CHOICES for people who use DRUGS
health.ny.gov/SaferChoices

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My friend uses drugs. So I carry naloxone just in case.

SAFER CHOICES for people who use DRUGS
health.ny.gov/SaferChoices

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I rely on my fentanyl test strips to stay safe.

SAFER CHOICES for people who use DRUGS
health.ny.gov/SaferChoices

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Post Overdose Response Team (PORT)

PORT Referral Engagement

	OCME Referrals*	NYPD Referrals Priority 1**	NYPD Referrals Priority 2***	Total
All referrals	247	581	1572	2,394 referrals
People Contacted	99	147	313	559 contacted
People Served	38	65	64	167 served
Unreachable after 3 outreach attempts	148	434	1259	1841 unreachable

* "Warm handoff" from OCME

**Up to 3 phone calls and 3 home visits (Bronx and Manhattan)
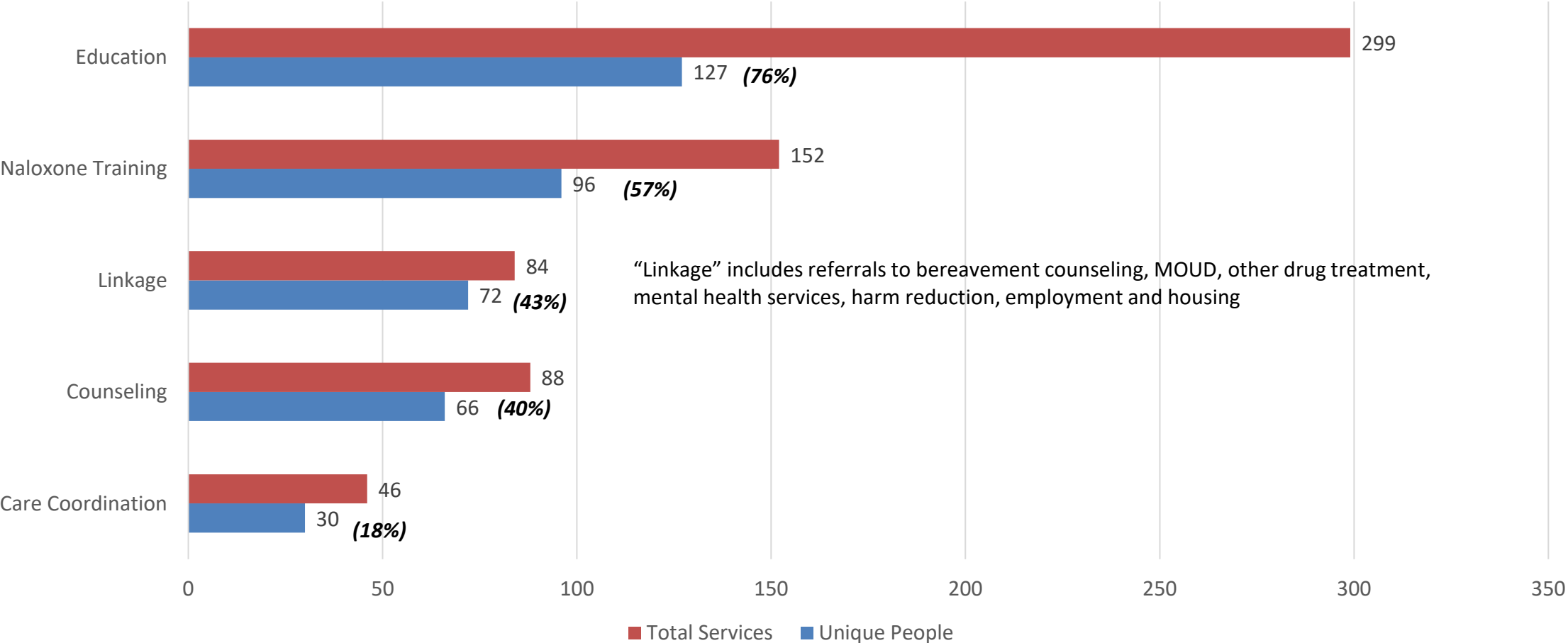
** 3 phones only

OCME Referrals *(with warm handoff)*:
--41% rate of contact
--38% of those contacted accepted service

NYPD Priority 1 Referrals *(home visit if not contacted by phone)*:
--25% rate of contact
--44% of those contacted accepted service

NYPD Priority 2 Referrals *(phone calls only)*:
--20% rate of contact
--20% of those contacted accepted service

It's clear:
For NYPD referrals a home visit results both in higher rate of contact and higher rate of service acceptance

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Date range: 5/1/2021-4/30/2023 (24 months)

PORT Services Accepted

"Linkage" includes referrals to bereavement counseling, MOUD, other drug treatment, mental health services, harm reduction, employment and housing

Date range: 5/1/2021-4/30/2023 (24 months)

How was your experience with PORT?

Nancy: When she called me, she had told me straight out, "That everything is confidential. You don't have to talk. You don't have to say nothing. You could just tell me you don't want to do it and it's okay." You know what I'm saying? She was very up front. Honest. You know what I'm saying? And I really- that's why I stood on the phone with her. She didn't sound like the type that was trying to get somebody to come and just talk.

Adam: Like I said, just the fact that someone's contacting and reaching out shows a level of concern and care. So, just having access to resources in general. I think it's helpful overall in reducing overdose rates and allowing people to seek treatment, or to at least seek harm reduction if that is what they want to do.

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Office of Drug User Health
Drug Checking in NYS

- Drug User Health Drug Checking Program *FTIR*
  (Fixed / Mobile Model)

- Rapid Drug Analysis and Research (RaDAR)
  (Mail-Based Model)

- Requesting of Fentanyl Test Strips through NY MATTERS
  (Delivery / Mail-Based Model)

https://mattersnetwork.org/patient-request-fts/

Location of Drug Testing Machines
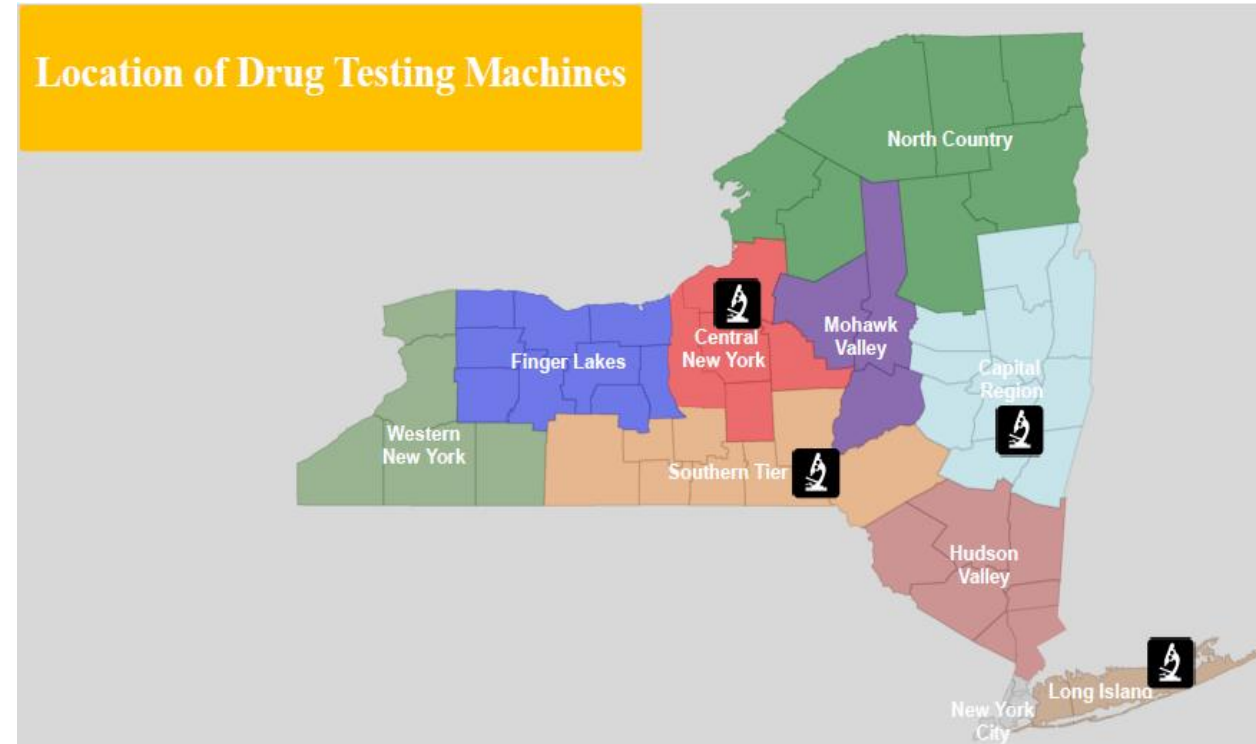
Technical Assistance & Support

<u>Confirmatory Testing Lab</u>

- Initial pilot period, the technicians at each facility will send their first 150 samples in for confirmatory testing and quality assurance.

- Conducting mass spectrometry using gas chromatography followed by detection using a mass spectrometer.

<u>Consultation Services</u>

- Contracting with an experienced drug checking consultant who, is experienced in overseeing the implementation and operationalizing of drug checking programs.

- The consultant will be providing onboarding training and ongoing technical assistance for the health hub technicians.

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What's Next?????

- Expanding the integration of drug testing technology throughout the state

- Developing a learning collaborative among trained technicians

- Utilizing drug testing technology in rapid response efforts

- Increase public health surveillance efforts should include information about local trends in the drug supply

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Crystal Meth Use and the
Black MSM Community

Developing a Statewide Anti-stigma / Educational Crystal Meth Campaign

- Community lead - Ballroom, We Care
  - Better World Advertising

- Community input via 3 2023 forums - "Stimulant Drug Use within the Black MSM community"

- Funded direct services in Buffalo and Rochester

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Ratings & Comments

Session 1 (February 16, 2023)	Session 2 (March 3, 2023)

94.8% rated the event **Excellent** or **Good**

98.2% rated the event **Excellent** or **Good**

(C)rystal meth plays such a huge factor in the black MSM community compared to other ethnicities or communities. (T)here is much to learn from it as well as be(ing) able to better assist with this issue moving forward.

Methamphetamine does not discriminate.

I learned so much, but mostly about my privilege.

I learned a ton of new information. The timeline (…) was very enlightening.

I think the biggest was just to get a sense of the community and how that community feels about a lot of things/interventions going on in their lives/world.

Reaffirmed my thoughts on drug use (as someone who uses drugs): we need to meet people who use drugs where they are at and take the stigmatization out of our work as public health professionals.

We can't have cookie cutter methods to heal the world. We have to personalize these matters.

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Harm Reduction Vending Machine (HRVM)

HRVMs for this purpose are like snack or drink machines, but are stocked with items such as;

- Syringes
- Naloxone
- Fentanyl & Xylazine test strips
- Educational materials
- Wound Care items
- Safer use supplies
- Personal hygiene kits.

Machines can be equipped with sign-in technology that tracks its use by program participants or the public, but the machine software can be configured to have encounters remain open access and/or completely anonymous for participants.

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HRVM Implementation Best Practices

- Maximizing accessibility up to 24hr, 7 days a week
- Offering syringe disposal options
- Ensuring capability of data collection
- Establish strong feedback loops between host organization, their participants, and the broader community upfront
- Allowing for anonymity of use

- Russell, E., Johnson, J., Kosinski, Z. *et al.* A scoping review of implementation considerations for harm reduction vending machines. *Harm Reduct J* **20**, 33 (2023). https://doi.org/10.1186/s12954-023-00765-2

Harm Reduction Billing

- In 2017, CMS approved five harm reduction services, with 15-minute billing units, to be provided at NYS waivered Syringe Exchange Program (SEP) sites, with Medicaid coverage effective in July 2018.

- In April 2023 a revised HRS SPA was approved and includes the following:

  - An addition of a linkage and navigation category
  - Removal of the more stringent educational requirements that were imposed for the peers and other staff performing the activities at our SEP locations.
  - Increased rates for onsite, offsite, and groups across the state including NYC. The only rate that was not amended was the NYC rate for onsite services because through a fiscal analysis it was determined that this was "fair".

MATTERS
Medication for Addiction Treatment & Electronic Referrals

WHAT IS IT?

New York MATTERS is a collection of resources to initiate care and quickly link patients to appropriate treatment. It utilizes an electronic platform (hosted by the New York State Department of Health) to efficiently refer patients with opioid use disorder to community-based clinics from emergency departments along with OB/GYN offices, correctional facilities, inpatient units, pre-hospital settings, etc.

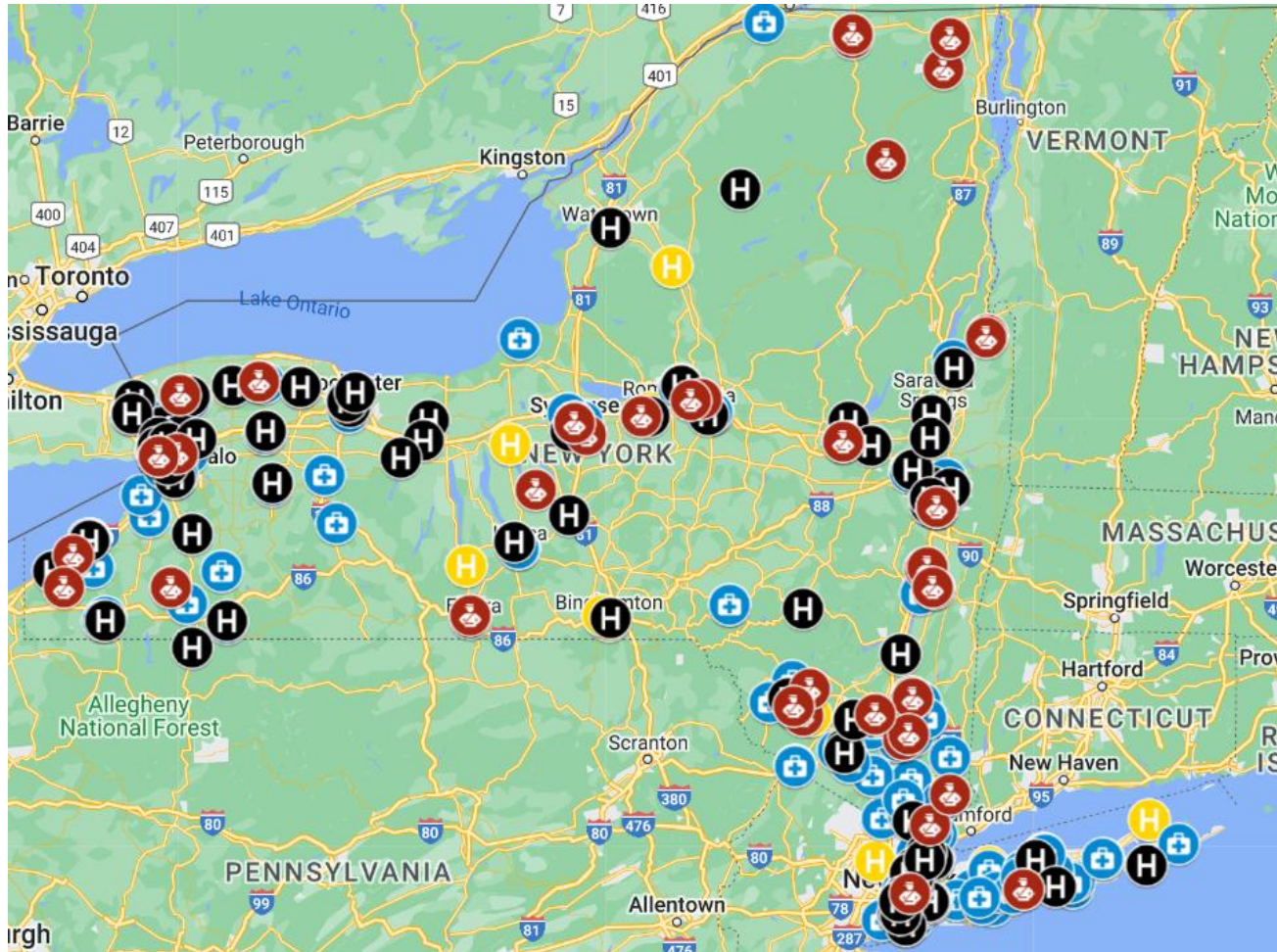newyorkmatters.org

MEDICATION VOUCHERS

TRANSPORTATION VOUCHERS

ELECTRONIC REFERRAL SYSTEM

TELEMEDICINE EVALUATIONS

NEW YORK MATTERS

SUIT
INPATIENT CONSULTS

CORRECTIONS REFERRALS

HOME INDUCTION

HARM REDUCTION

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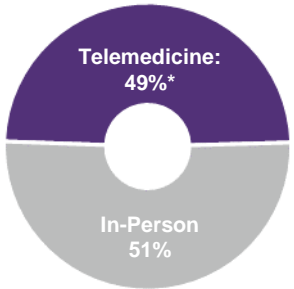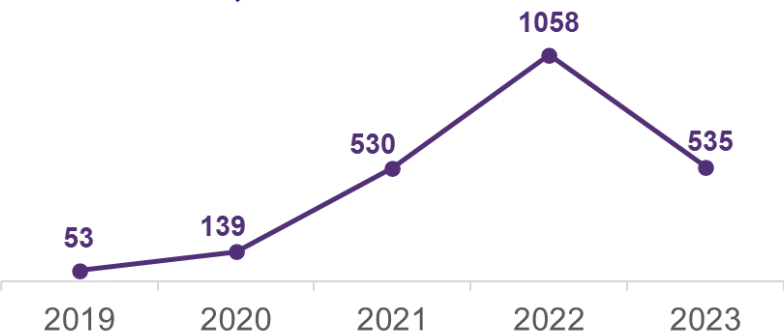# NY MATTERS Network: Current and Future Partners

Clinics *204

Hospitals *75

Future Partners (Hospitals & Clinics) *26

Criminal Justice Settings (Jails, Prisons, Courts and Probation) *46

2,315 total referrals

Referral line chart by year:
- 2019: 53
- 2020: 139
- 2021: 530
- 2022: 1058
- 2023: 535

Donut chart:
- Telemedicine: 49%*
- In-Person: 51%

Telemedicine referrals have been made for patients from **all 10 NYS regions**

* Telemedicine referrals are primarily supported by Erie County Medical Center and Kaleida Virtual Emergency Rooms.

Referring Hospitals

78 live hospitals

Other Referring Sites

116 other referring sites

33 correctional settings (93 referrals)
14 court systems (1 referral)

Receiving Clinics

207 live clinics

1 telemedicine clinic (REACH Medical) → **91 patients from 10 of the 10 NYS regions** have been referred to REACH Medical

Data from a subsample of top clinics suggest **52% of patients attend their first clinic visit** and **41% are retained at that clinic at 30 days**. At an included **NYSDOH Drug User Health Hub, 76% attended their first visit** and **65% were retained** at 30 days.

635 naloxone kits provided at the time of referral

759 connections to **peer support** services
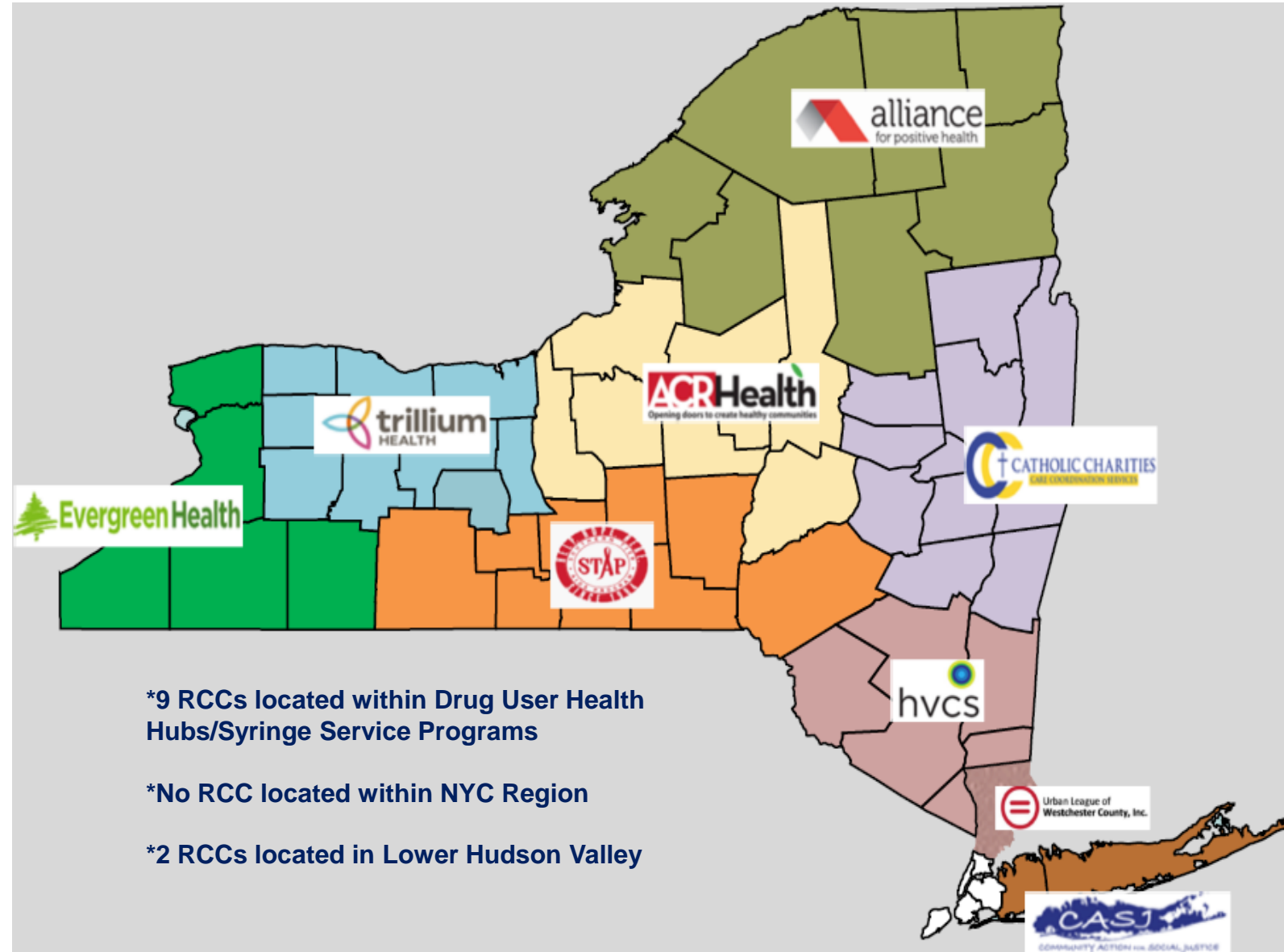
250 medication vouchers redeemed

16 transportation vouchers redeemed

MATTERS
Medication for Addiction Treatment & Electronic Referrals

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Regional Care Coordinators (RCC)

Primary Responsibilities

- Lead the expansion efforts to further integration of the MATTERS platform to various agencies within the region

- Ensure follow-up for individuals referred through the MATTERS platform

- Arrange connection to peer support, transportation, assure transfer documentation completion, monitoring pharmacy voucher submissions, care coordination and confirm arrangements and appointments

- Providing technical and troubleshooting issues

*9 RCCs located within Drug User Health Hubs/Syringe Service Programs

*No RCC located within NYC Region

*2 RCCs located in Lower Hudson Valley

NEW YORK STATE Department of Health | AIDS Institute

People Who Use Drugs Leadership Training Institute (LTI): The Power of Voice

- The NYS Department of Health AIDS Institute (NYSDOH AI) worked with New York City Capacity Building Assistance to create a six-week hybrid People Who Use Drugs (PWUD) Leadership Training

- Designed to train PWUDs to serve in a leadership capacity where individuals can develop skills in community engagement, advocate for oneself and others, and influence the development and provision of programming and policy with a focus on social justice and equity for PWUDs

LTI Members

- Diverse representation from all areas of NYS state

- Diverse representation of genders and identities

- Experience in using <u>all</u> different drugs

- Able to participate in a 6-week training program

- Desire to advocate and be a change agent

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Office of Drug User Health
Drug Overdose Surveillance and Epidemiology Unit: Key Functions

1. **Collaborate, coordinate, and leverage information and data across areas of NYS DOH and within ODUH related to drug overdose morbidity and mortality, and programmatic activities.**

   - Identify and synthetize trends in drug overdose between multiple NYS DOH data systems and ODUH programs information such as naloxone, buprenorphine administration and/or activities within Drug User Health Hubs -syringe exchange programs-.

   - Provide information for resource allocation planning and program development

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Drug Overdose Surveillance and Epidemiology Unit: Key Functions (cont.)

2. Conduct activities related to overdose mortality through the State Unintentional Drug Overdose Reporting System (SUDORS).

- Data collection and reporting system develop by CDC to report on drug overdose deaths.
- Information on drug overdose related deaths including toxicology and corners/medical examiners reports.
- SUDORS team includes 5 data abstractors, a data administration and a program manager

Drug Overdose Surveillance and Epidemiology Unit: Key Functions (cont.)

3. Develop a 'real-time' surveillance system for fatal and non-fatal drug overdoses utilizing available and novel data sources

- Overdose Rapid Response Program (ORRT)
- Develop strategies to prepare, identify, and respond to sudden increases in fatal and non-fatal drug overdoses (a.k.a Spikes) including the development of the Preparedness and Response Plan

4. Provide data and evaluation services to ODUH programs including data interpretation, collection and visualization, performance monitoring, and program evaluation.

Overdose Rapid Response Program

- January 2023 ODUH created the Overdose Rapid Response Program (ORRP) this addresses:
  - – Overdose Rapid Response Team (ORRT) compiles and analyzes OD related data sources to assist in local OD response efforts
  - – Responds to events that cause disruptions in care for patients on controlled medications

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ORRT Data Sources

- Electronic Syndromic Surveillance System (ESSS)
- NYSDOH Bureau of Emergency Medical Services (EMS)
- Overdose Detection Mapping Application Program (ODMAP)
- Crime Analysis Centers (CAC)
- Law Enforcement Naloxone Administrations
- Syringe Exchange Program and Drug User Health Hubs (SEP/DUHH)
- Opioid Overdose Prevention Program (OOPP)
- Medical Examiners/Coroners (ME/C)
- Drug Checking/Toxicology
- LHD and their partners
- New York Medication for Addiction Treatment and Electronic Referrals (NY MATTERS)
- Media

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Thank you.

NYSDOH AIDS Institute Office of Drug User Health

Allan Clear, Director

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